Oate of onset

(Day)

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Example I	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

County Charles	Registration Dist. No. 106
Village or City Mandel Man	No. St, Wa (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred Lycs	mosds. How long In U.S. If of foreign birth?yrsmos
2. FULL NAME Combea 7	man
(a) Residence: No.	St., Ward.
(Usual place of abode	If nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULA	RS MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write	
HUSBAND of Or WIFE of	22. I HEREBY CERTIFY. That attended deceased fr
(d) MIC OF FIRM	Aug / D 1936 to lint 8 193
DATE OF BIRTH (month, day, end year) July 16, 187	I lest saw h. free elive on fift 9 , 197 k ; death is si
The second of th	ESS then to have occurred on the dete stated above, at 4.3 fm.
	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows
9 Trade profession or patraular (D)	Date of one
SAWYER, BOOKKEEPER, etc. 9. Industry or business In which	0
work wes done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at 11. Total time (year	s)
this occupation (month end spent In this year) occupation	
12. BIRTHPLACE (city or town) La Garley Baren	Other Coatributory Causes of importance:
(State or country)	
13. NAME State Winfield 14. BIRTHPLACE (city or town) Monthland	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Oliver Cohon	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME OLUMN Common C	Accident, suicide, or homlolde? Date of injury19
(State or country) Color Color	Where did injury occur?
7. INFORMANT Adul Brown (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date Stat. 19	
19. UNDERTAKER PLANING Cafer	24. Was disease or injury In any wey related to occupation of deceesed?
(Address) Musky Sphings, Md	If so, specify N
20. FILED 9-19 1936 M. E. Ransom	(Signed) My Juny M.
	Registrar. (Address)

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Chronic interstitial nephritis CCT 5 1930	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.	17.8		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied.

-WRITE PLA

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STATE OF	MARYLAND-	-CERTIFICATE	OF	DEATH	UA

County Charles	CO.	(23) Registrat	tion Dist. No. 103
Village or City Ligrania	eo (If	No. death occurred in a hospital or institution, give its N	St., Ware
Langth of residenca in city or town whare de	ath occurradwsmos.	ds. How long in U.S. if of foreign birth	?mosds
2. FULL NAME Clan	es Douss	Hawkin	0.
(a) Residence: No. Zoocana	100	St., Ward.	
(a) hesissince. He	(Usual place of abode)		ident give city or town and State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICA	ATE OF DEATH
Female Cal	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	(Day) (Year)
a. If married, widowed, or divorcad HUSBAND of (or) WIFE of		22. I HEREBY CERT	IFY, Thet I attended dacaesad from
. DATE OF BIRTH (month, day, and year)	ely 3 - 1918	Hast saw by Mariva on Guy	
. AGE Yaars Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated eboye, at	
18 2	ormin.	Tha PRINCIPAL CAUSE OF DEATE and related wara as follows:	Causas of Importanca
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	moul	fulmons	all the same of th
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9.Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last workad at this occupation (month and		Juline	love
10. Oate deceased last worked at this occupation (month and year)	11. Total time (yaars) spent in this occupation		
2. BIRTHPLACE (city or town). We (State or country)	omico	Other Contributory Causes of importance:	9
13. NAME A Played No	iskuis		
13. NAME 14. BIRTHPLACE (city or town). (State or country)	v Cort	Name of operetionWhet tast confirmed diagnosis?	
15. MAIDEN NAME The same To	mis (1)	23. If death was dua to external ceusas (VIOL ENG	
11/11/11	ico Grice	Accident, suicida, or homicide?	
16. BIRTHPLACE (city or town)	nanco	Where did injury occur?	Dete of mjuly, 13
7. INFORMANT 1 Day	vlusa		ity or town, county and State) in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	v my	Mannar of injury	
Place MUNT / Jens	Data19	Nature of injury	
9. UNDERTAKER JUMPS (Address)	Tunn	24. Was disease or injury in any way related to o	
10. FILED Plep 1: 4, 1936.	P. Lipper	(Signad) Addrass) Addrass	M.

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Chronic interstitial nephritis	. 1921	Run over by-street-car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis 'S 'A NYABAR	3 days ago
		9801 9 NON	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

ite	sh	Jo	
.D. Every	YSICIANS	statement	
RECC	Y. PH	Exact	
RMANENT	XACTL	classified.	
IS A PE	stated E	properly	certificate.
HIS	pe	pe	Jo
INK-TI	E should	t it may	on back
5	5	tha	ons
DIC	L. A	So	uctio
UNFADIA	upplied. A	terms, so	e instructio
WITH UNFADIR	fully supplied. A	n plain terms, so	int. See instruction
INCY, WITH UNFADIR	be carefully supplied. A	EATH in plain terms, so	important. See instruction
E PLAINLY, WITH UNFADIR	should be carefully supplied. A	OF DEATH in plain terms, so	s very important. See instruction
B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECED. Every iten	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sh	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of	TION is very important. See instructions on back of certificate.

STATE OF MAR	YLAND—CERTIFICA	TE OF DEATH 092
1. PLACE OF DEATH		
County Charles		Registration Dist. No. (04
Village or City Rock Point	No	st.,
Length of rasidenca in city or town where death occurrad		l or institution, give its NAME instead of street and number) 1 U.S. if of foreign birth?yrsmos
2. FULL NAME Hysles X	Main	
(a) Residence: No. Raul Fe	St. Ward.	
(Usual place		If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTI		CAL CERTIFICATE OF DEATH
	RIED, WIDOWED, D (write tha word)	(Month) (Day) (Ye
ie. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HER	REBY CERTIFY, Thet I attended decease
way	6-28	- ,1936, to 9 - 10 - ,19
5. DATE OF BIRTH (month, day, and yeer)	27-1889 last saw h alin	
AGE Years Months Days		data stated abova, at
46 8 18	ormin. were as follows:	Oate o
8. Trada, profession, or particular kind of work dona, as SPINNES SAWYER, BOOKKEPER, etc	1	2-0
SAWYER, BOUKKEEPER, etc		Left 125
work was done, as SILK MILL, SAW MILL, BANK, etc.	1	est the contract of
10. Data deceased last worked at this occupation (month and spe	ime (yaars) nt in this	lefty 13/3
year) occ	Other Contributory Cause	es of importance:
12. BIRTHPLACE (city or town) A (State or country)		
13. NAME THE RECEIVED TOWN 14. BIRTHPLACE (city or town)		
(State or country)	Name of operation	Dale of
	What test confirmed diag	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)		ctarnal ceuses (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	4	nicida?, 19
(Slate or country)	Where did injury occur?	(Specify city or town, county and State)
17. INFORMANT MAS (Address)	Specify whether Injury or	occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
19. UNDERTAKER LANGE WAS LANGE (Address)	24. Was disease or injury	In any way related to occupation of deceased?
20. FILED 5 - 1/- 19 8 9 8 P	If so, specify (Signad)	J & Andon

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Cerebral hemorrhage BUNEAU	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	1 1000	Other contributory causes of importance:	
Guisiones	May 1,1923	Gastroenteritis	1 year

should state of OCCUPA.

Exact statement

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

certificate.

See instructions on back of

STATE OF MARYLAND—CERTIFICATE OF DEATH

1.	PLACE OF	DEATH			79-20		
1	County	harles			Registration Dist. No. 104		
		ity Issue		(If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U. S. if of foreign birth? yrs. mos. ds.		
2.	FULL NAM	ME Chlo T.	Jenkins				
	(a) Residence	ce: No.	(Usual place	of abode)	St., Ward. If nonresident give city or town and State		
	PERSON	AL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SI	F.	4. COLOR OR RACE		RIED, WIDOWED. (D (write the word)	21. DATE OF DEATH Sept. 15 (Day) (Year)		
5a. 1	f married, widowe HUSBAND of (or) WIFE of	ed, or divorced			22. I HEREBY CERTIFY, That I attended deceased from		
6. D	ATE OF BIRTH	month, day, and year)	et. 7, 19	31	I last saw h . Sr alive on Sept 1 ,1936 ; death is said		
7. A	GE Year	Months	Days 22	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
PATION	kind of w	sion, or particular ork done, as SPINNER, BOOKKEEPER, etc	none	***************************************	Formeningitis.		
3	work was SAW MIL	ousiness in which done, as SILK MILL, L, BANK, etc d last worked at	11 Tabel 8	time (years)	meaning "simple" or non-epidemico		
ŏ	this occup	pation (month and	spe	nt in this upation			
12. 1	BIRTHPLACE (cit (State or coun				Other Contributory Causes of Importance:		
ER	13. NAME	Joseph A. Jo	enkins		nute pay was perferenced by a Doctor from there! Let		
1	14. BIRTHPLACE (State or	(city or town)Chi	arles Co.	, Md.	Name of operation Date of Was there an autopsy? (Use)		
ER	15. MAIDEN NAM	ME Gertrude C	hapman		23. If death was due to external causes (VIOLENCE) fill in also the following:		
MOTHER	16. BIRTHPLACE (State or	(city of town)	rles Co.	Md.	Accident, suicide, or homicide?		
17. INFORMANT Joseph A. Jenkins (Address) Issue			kins		(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL PlaceHoly Ghost Gem Date Sept. 17, 19. 36.					Manner of injury		
19. (Charles W. R			24. Was disease or injury in any way related to occupation of deceased?		
20. F	(Address)	Bel Alto		n Registrar,	(Signed) L. R. Hender M. D. (Address) Waysile Md.		
-				1/18/3/16/			

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SUN 2 1036	7	e (/a	
Other contributory causes of importance!		Other contributory causes of importance:	ş
Gallstones	May 1,1923	Gastroenteritis	1 year
	7.0		,

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

TECIX EESERAED S RIADIN

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		Children spe	

ADDITIONAL SPACE FOR FURTH	R STATEMENTS BY	PHYSICIAN
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NOV ...

OCCUPA

3. SEX

7. AGE

OCCUPATION

plnods

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. 10 County__ Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence In city or town where death occurred_HO How long in U.S. if of foreign birth? vrs. mos. ds. 2. FULL NAME (a) Residence: No. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) Nearo 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I ettended deceased 4 (or) WIFE of Socot 5 19 3 6 to 10 1868 (CAMPOD 6. DATE OF BIRTH (month, day, end year) Months Deys If LESS than 1 dey,____hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance 20 or____min. wera as follows: Date of onset Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.____ 10. Data deceased last worked et 11. Total time (yaars) this occupation (month end spant in this Zan 8400 yeer) __ Sept. 5, 1936

12. BIRTHPLACE (city or town). (State or country) FATHER 13, NAME 14. BIRTHPLACE (city or town) (Stete or country) What test confirmed diegnosis? _____ Was there en eutopsy? _ Alo MOTHER 15. MAIDEN NAME 23. If death was due to externel ceuses (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?______Date of injury_______19_____ 16. BIRTHPLACE (city or town). (State or country) Where did injury occur?_ Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT _ (Address) 18. BURIAL, CREMATION, OR REMOVAL 19. UNDERTAKER (Address)

Neture of Injury. 24. Was disease or Injury in any wey related to occupation of deceesed? If so, specify

(Specify city or town, county and State)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of death and related rauses of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis (as follows:	1915	Attack of epilepsy	1 week ago	
Chronie interstitial neg		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	OCT 7 1900	July 5,1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
		·		1	

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	Jo 1	plnc	1000
1	iten	she	Jo
	b. Every	SICIANS	tatement
	RECER	Y. PHY	Exact s
TIADITA	RMANENT	XACTL	classified.
FORD	IS A PE	stated F	properly
2	HIS	be	pe
MANGIN NEGENVED FOR BINDIN	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
MANGEL	UNFADI	supplied.	terms, so
	, WITH	arefully s	I in plain
	PLAIMLY	ould be ca	F DEATE
	-WRITE	mation sh	CAUSE 0

See instructions on back of certificate.

TION is very important.

B.—WRITE PLAIN

STATE OF MARYLAND-CERTIFICATE OF DEATH

9685

1. PLACE O	F DEATH				
CountyC	harles			Registration	Dist. No. 104
Village or C	city Rock Poin	t		No	St Ward
Length of resi	idence in city or town where	death occurred		death occurred in a hospital or institution, give its NAME	
	ME Stillbo				
			strut	St. Ward.	
(a) Residen	ice: No.	(Usual place	of abode)		give city or town and State
PERSON	AL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE	OF DEATH
3. SEX unk	4. COLOR OR RACE White	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH September 24,	1936 193 (Tear)
5a. If married, widow HUSBAND of (or) WIFE of	ved, or divorced			22. I HEREBY CERTIF	NATE -
		eptember	94 1075		, 19
6. DATE OF BIRTH 7. AGE Yea	(month, only, and year)	Davs	If LESS than	I last saw h alive on	
7. AGE	months	Days	I day,hrs.	to have occurred on the data stated above, at The PRINCIPAL CAUSE OF DEATH and related cause were as follows:	
8. Trade, profe	ssion, or particular work done, as SPINNER, , BOOKKEEPER, etc	9191 -			Date of ones
SAWYER 9 Industry or	, BOOKKEEPER, etc business in which			moloriano	2
work wa	s done, as SILK MILL, LL, BANK, etc				
10. Date deceas	ed last worked at pation (month and	spei	me (years) nt in this ipation		
12. BIRTHPLACE (ci	1) 01 101111/	ck Point,	Md.	Other Contributory Causes of Importance:	
13. NAME F.	D. Stonestru	t . I			
14. BIRTHPLACE	(city or town)No			Name of operation What test confirmed diagnosis?	Data of
15. MAIDEN NA	ME Mary E. S	tine	11	23. If death was due to external causes (VIOLENCE) fill	
15. MAIDEN NA 16. BIRTHPLACE	(city or town) Md			Accident, suicide, or homicide?	
∑ (State or	country)			Where did Injury occur?	
17. INFORMANT (Address)	mary	Stone	Ind.	Specify whether injury occurred in INOUSTRY, In HO	
18. BURIAL, CREMAT	TION, OR REMOVAL	0011	1	Manner of Injury	
Place PS-U	UCDS	A Date Dy	+ 4 , 1936	Nature of injury	
19. UNDERTAKER The CANADA CANA		24. Was disease or injury in any way related to occupa	ition of deceased?		
20. FILED SAPE	24 ,1936 J	R De	A clister.	(Signed) Wayside, Md	Hydon M.D.
	If more	blanks are needed,	ddress State Registrar,	1411 N. Charles Street, Baltimore, Requesting U. S. No.	I.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
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Chronic interstitial nephritis OCT 10	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	H		

2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs, If LESS than 1 day,hrs, If PRINCIPAL CAUSE OF DEATH and related causes of importance	STATE	OF MARYLAND-	CERTIFICATE OF DEATH 09235
Village or City Who length of residence in city or wwn where death occurred Length of residence in city or wwn where death occurred Was mos. 3. How long in U.S. if of foreign birth? Ward. Ward. Ward. Ward. Ward. Ward. Ward. Ward. Ward. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDDWED. OR DIVORCED (write the word) Sa. If married, widowed, or divorced HUSBAND of (OT) WIFE of 8. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day,	1. PLACE OF DEATH		110
Village or City	County Church	··	Registration Dist. No. 104
Length of residence In city or I was where death occurred. Was a Residence: No. (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5. If Instrict, widowed, or divorced (or) wife of (or) wif	Village or City, Naus	id	No. St. War
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND or (ar) Wife of 5a. If married, widowed, or divorced HUSBAND or (ar) Wife of 5a. If married, widowed, or divorced HUSBAND or (ar) Wife of 5a. If married, widowed, or divorced HUSBAND or (ar) Wife of 5a. If married, widowed, or divorced HUSBAND or (ar) Wife of 5b. DATE OF DEATH 2c. If HEREBY CERTIFY. Thet I ettended decease Islas saw h. alive on 19 deat to have occurred on the date stated above, at If the principal or a stolenow were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: To-Date deceased last worked of the	Length of residence In city or Jawn w		
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBARD of (Oay) 6. DATE OF BIRTH (month, day, and year) 7. AGE 7. AGE 8. Trade, profession, or particular kind of work done, as SPINNER, Ormin. 8. Trade, profession, or particular word, as SPINNER, SANYER, BOOKKEEPER, etc. 9. Indistry or business in which work was done, as SPINNER, SANYER, BOOKKEEPER, etc. 9. Indistry or business in which work was done, as SILK MILL. 10. Duby decased last worked et his occupation (month and war). Was there as a follows: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 17. INFORMANT 17. INFORMANT 18. MEDICAL CERTIFICATE OF DEATH MEDICAL CERTIFICATE OF DEATH MEDICAL CERTIFICATE OF DEATH 19. Industry	2 FILL NAME	din Him	22
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OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,	PERSONAL AND STAT	ISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
HUSSAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin. No 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Indixty or business in which work was done, as SILK MILL, SAW MILL, BARK, etc. 10. Date deceased last worked et this occupation (month and year) Other Coatributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there an aulopsy 25. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Other Coatributory Course of Importance: (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	3. SEX 4. COLOR OR RACE		21. DATE OF DEATH SAR (Oax) 193 6
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,			
7. AGE Years Months Days If LESS than 1 day,	(or) WIFE of		1 HEREBY CERTIFY, Thet I ettended deceased from
7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done as SPINNER, SAWYER, BOOKKEPFER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and year) occupation 12. BIRTHPLACE (city or town) (State or country) 13. NAME ALL ALL ALL ALL ALL ALL ALL ALL ALL AL	& DATE OF DIPTH (month day and	7-6-126	last saw h alive on buch 19 death is sai
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. Trade, profession, or particular kind of work done, as SPINNER, shift will be a spin to this occupation. Chulum And Spin to the	1 2		The PRINCIPAL CAUSE OF DEATH and related causes of importance
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Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town)	SAWYER, BOOKKEEPER, etc	· dr	- Choling & Ja Time 8101
Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town)	9. Industry or business in which work was done, as SILK MILL,		Jaka .
Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. Other Contributory Causes of Importance: Ot	SAW MILL, BANK, etc	11 Total time (vegre)	·
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(Specify city or town, county and State) 17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	State or country)	alia 11	
		hona	(Specify city or town, county and State)
18. BURIAL, CREMATION, OR REMOVAL Place Still Central Oate Seff 17, 19.36 Nature of injury	18. BURIAL, CREMATION, OR REMOVAL	hy Date Sift, 17, 1936	
19. UNOERTAKER What the care 24. Was disease or injury in any way related to occupation of deceased?		Phonear	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Seff 16. 19.36 P.A. Profess (Signed) Stray Highery (Address) Waysing	200	I R. A. Hay Ston	(Signed) July Handle M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	İ	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage UU 6 1936	July 5,1927	Perilonitis	3 days ago
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year